

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

LLOYD F. AUDETTE, PRO-SE

COURT CASE NUMBER
05-10403-DPW

DEFENDANT

UMASS CORRECTIONAL HEALTH,
A Commonwealth Medicine ProgramTYPE OF PROCESS
SUMMONS / CIVIL CASE**SERVE**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

UMASS CORRECTIONAL HEALTH

**AT**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

MEDICAL DIRECTOR, UMASS CORRECTIONAL HEALTH, ONE RESEARCH DRIVE
SUITE 120C, WESTBOROUGH, MA 01581

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

LLOYD F. AUDETTE W#80971
S.B.C.C./P.O. BOX 8000
SHIRLEY, MA 01464Number of process to be
served with this Form - 285

ONE

Number of parties to be
served in this case

ONE

Check for service
on U.S.A.

2005 APR 22 A 7:56

RECEIVED
U.S. MARSHAL SERVICE
BOSTON, MASPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Addresses, All Telephone Numbers, and Estimated Times Available For Service):
FoldAttorney's name unknown but attorney for codefendant is
David J. Rentsch, Counsel/Legal Division
Dept. of Correction
70 Franklin Street, Suite 600
Boston, MA 02110-1300
(617) 727-3300, ext. 142

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

NONE

DATE

3-12-05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

1

District
of Origin

No. 38

District
to Serve

No. 38

Signature of Authorized USMS Deputy of Clerk

Marey Salameh

Date

3/22/05

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

VALERIE MACLEOD, assistant

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service

3/24/05

Time

3:30 pm

Signature of U.S. Marshal or Deputy

Gretchen Delaney

Service Fee

45.00

Total Mileage Charges
(including endeavors)

10.22

Forwarding Fee

—

Total Charges

55.22

Advance Deposits

—

Amount owed to U.S. Marshal or

—

Amount of Refund

—

REMARKS:

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

LLOYD F. AUDETTE,
Plaintiff

SUMMONS IN A CIVIL CASE

V.

UMASS CORRECTIONAL
HEALTH, ET AL.,
Defendants

CASE

C.A. 05-10403-DPW

TO: (Name and address of Defendant)

UMASS CORRECTIONAL HEALTH, A Commonwealth Medicine Program

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

LLOYD F. AUDETTE, PRO SE

* or answer as otherwise required by the Federal Rules of Civil Procedure.

an answer to the complaint which is herewith served upon you, 20* days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH ALLISON THORNTON
CLERK

3/7/05
DATE

Rebecca Greenberg
(By) DEPUTY CLERK



AO 440 (Rev. 10/93) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

3-24-05

NAME OF SERVER (PRINT)

Cynthia Delaire-Bohn

TITLE

Deputy U.S. Marshal

Check one box below to indicate appropriate method of service

☐ Served personally upon the third-party defendant. Place where _____☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were _____

☐ Returned _____☒ Other (specify): Valerie MacLeod, Assistant
Umass Correctional Health
The Research Dr.
Westborough MA 01581

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

3/24/05
Date

Signature of Server

Cynthia Delaire-Bohn

UNITED STATES MARSHALS SERVICE
HAROLD D. DONOHUE FEDERAL BLDG.

Address of Server

595 MAIN STREET
WORCESTER, MA 01608

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.